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1853



MEMORIAL FACILITY OF FULBRIK COUNTY,
ARK.

COLE OF STONES AND FLE BILL

**SPEEDY
BINDER**



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GAYLORD BROS. INC.
Syracuse, N. Y.
Stockton, Calif.



Chandler

CODE OF ETHICS

AND

FEE BILL

OF THE

MEDICAL FACULTY

OF PULASKI COUNTY, ARK.

360
Adopted August, 1853.

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MEDICAL ETHICS.

DUTIES OF PHYSICIANS TO THEIR PATIENTS.

ARTICLE I.

SECTION 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect.

Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity.

They should study, also, in their deportment, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence.

SEC. 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick.

Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed, and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services—none of privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him,

except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

SEC. 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But, unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of selfish motives.

SEC. 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease.— But, he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments.

The life of a sick person can be shortened not only by the acts, but also by the words or the manner of the physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

SEC. 5. A physician ought not to abandon a patient because the case is deemed incurable, for his attendance may continue to be highly useful to the patient, and comforting to the relations around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing, to a fanciful delicacy and mistaken liberality, that moral duty, which is independent of and far superior to all pecuniary consideration.

SEC. 6. Consultations should be promoted in difficult or protracted cases; as they give rise to confidence, energy and more enlarged views in practice.

SEC. 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ARTICLE II.

SECTION 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices to comfort, ease and health for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

SEC. 2. The first duty of the patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose *that knowledge* is intuitive.

SEC. 3. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits and predispositions of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always

apply for advice in what may appear to him trivial cases, not only for his own benefit, but for the character and standing of his physician, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

A patient, who having made a selection of a physician, to attend upon himself or family, should not be influenced to change his physician from the advice of any of the self-constituted doctresses and meddling women, (of whom we have quite a number) for it tends to destroy confidence in the medical attendant, presupposes a want of judgment in selecting the physician, and institutes a system of intriguing and electioneering for practice, which is degrading to the science of medicine.

SEC. 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by administering to the diseased mind. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

SEC. 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

SEC. 6. The obedience of a patient to the prescription of his physician should be prompt and implicit. He should never permit his own crude opinions, as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious

treatment dangerous and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often is a relapse.—Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the *self-constituted doctors and doctresses* in this country, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

SEC. 7. A patient, if called upon by a physician who is not attending him, should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy confidence in the course of his physician, and induce him to neglect the directions prescribed by him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for although their modes of treatment may be attended with equal success, when employed singly, yet conjointly they are very likely to be productive of disastrous results.

SEC. 8. When a patient becomes dissatisfied with his physician whilst attending a case, justice and common courtesy require that he should state his reasons for so doing, and at the same time settle his bill.

SEC. 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out, for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

ARTICLE III.

SECTION 1. Every individual, on entering the profession, as he becomes thereby entitled to all the privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body, and by unwearied diligence resort to every honorable means of enriching the science.

SEC. 2. There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

SEC. 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures, or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

ARTICLE IV.

SECTION 1. All practitioners of medicine, their wives and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case, and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice; under such circumstances, medical men are peculiarly dependent on each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined, for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

DUTIES OF PHYSICIANS AS RESPECTS VARIOUS OFFICES.

ARTICLE V.

SECTION 1. The affairs of life, the pursuits of health, and the various accidents and contingencies to which a medical man is

peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such services should be awarded to him.

But, if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties. In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

DUTIES OF PHYSICIANS IN REGARD TO CONSULTATION.

ARTICLE VI.

SECTION 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations, the good of the patient is the sole object in view, and this is often dependent on professional confidence, no intelligent regular practitioner who has a license to practice from some medical board of known and acknowledged respectability, recognised by this association, and who is in good moral and professional standing in the place in which he resides, should be

fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But, no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

SEC. 2. In consultations no rivalry, jealousy or double-dealing should be indulged; but truthfulness, candor and probity should be indispensable prerequisites, together with a true and a faithful history of the case and treatment of the same by the attending physician, whilst at the same time all due respect should be exercised towards each other.

SEC. 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation, and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no opinions or prognostications should be delivered, which are not the result of previous deliberation and concurrence.

SEC. 4. In consultation, the physician in attendance should deliver his opinion first, and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But, such variation, and the reason for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

SEC. 5. The utmost punctuality should be observed in the visits

of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing and under seal*, to be delivered to his associate.

SEC. 6. In consultation, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

SEC. 7. All discussions in consultation should be held as secret and confidential. Neither by word nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

SEC. 8. Should irreconcilable diversity of opinion occur when several physicians are called upon to confer, the opinions of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurring, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physi-

cian in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

SEC. 9. As circumstances occur to render a special consultation desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion, both of time and attention, at least a double honorarium may be reasonably expected.

SEC. 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

ARTICLE VII.

SECTION 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

SEC. 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest

caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of the disorder, nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

SEC. 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SEC. 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust or illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief; and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

SEC. 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the case of the patient to the latter immediately on his arrival, with a correct statement of the treatment during his absence.

SEC. 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select, from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner, who officiates, should request

the family physician, if there be one, to be called, and unless his further attendance be requested, should resign the case to the latter on his arrival.

SEC. 7. When a physician is called to a patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

SEC. 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient, who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances, to interfere no farther than is absolutely necessary with the general plan of treatment, to assume no further direction unless it be expressly desired; and in the last case, to request an immediate consultation with the practitioner previously employed.

SEC. 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one, and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

SEC. 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

THE DUTIES OF THE PROFESSION TO THE PUBLIC AND THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE VIII.

SECTION 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters

especially appertaining to their profession, as on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions, in relation to the medical police of towns, as drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases ; and, when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

SEC. 2. Medical men should, also, be always ready, when called on by the legally constituted authorities, to enlighten coroner's inquests and courts of justice, on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But, in these cases, and especially where they are required to make a post mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

SEC. 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties, referred to in section first of this chapter, should always be recognised as presenting valid claims for gratuitous services; but neither institutions, endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But, to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

ARTICLE IX.

SECTION 1. It shall be the duty of the secretary of this society, as soon as any physician settles in the city, vicinity or district,

to present him with a copy of the constitution, code of ethics, and rates of charges, and in the event of his refusing to sign them the faculty shall not consult with him.

It should be the duty of the medical faculty in this city, county or district to receive such pecuniary acknowledgments from their patients for their services as are contained in their fee bill, and make a settlement of the same on the first day of January of each year, or as much sooner as the physician attending the case may see fit.

It should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit. To all of the foregoing rules and regulations we would subscribe our names and pledge ourselves as gentlemen and physicians to be governed by the same, as far as in our power lies, so long as three-fourths remain.

R. A. WATKINS,
G. D. SIZER,
A. W. WEBB,
C. PEYTON,

J. J. McALMONT,
W. A. CANTRELL,
W. W. ADAMS,
R. H. HUMMEL.

FEE BILL

ESTABLISHED BY THE MEDICAL FACULTY OF LITTLE ROCK.

For a visit and prescription within the city.....	\$ 2 00
For a visit and prescription across the river, within half a mile of the river..	3 00
“ “ and prescription out of the city, not exceeding 1 mile (and charge for medicine).....	3 00
For a call visit and prescription within the city.....	2 00
“ “ “ and prescription out of the city (and charge for medicine)....	2 00
For a night visit within the city.....	5 00
“ “ “ and prescription out of the city, not exceeding 1 mile (and charge for medicine).....	6 00
For extra prescription where two or more are sick in one family.....	1 00
For prescrip. at the office or within the city.....	1 00
“ “ at the office for the country.....	1 00
For letter of advice and general directions.....	5 00
For vaccination in the city (and charge visit).....	2 00
“ “ out of the city (and charge mileage).....	2 00
For cupping.....	2 00
For venesection (and charge visit).....	1 00
For administering enemas, each.....	2 00
For extracting teeth (and charge visit).....	1 00
For introduction of seton or issue.....	2 00
For introducing catheter or bougie (male).....	3 00
do do do do (female).....	5 00

For attention in all cases per hour (day).....	\$ 1 00
do do do do (night).....	2 00
For opening boil or abscess (and charge visit).....	1@5 00
For visit in the country exceeding 3 miles, per mile, (and charge prescription medicine and other services as above).....	1 00
For night visit in the country, per mile, [and charge prescription, medicine and other services].....	2 00
For cure of gonorrhœa.....	\$10a20 00
For prescription in do.....	5 00
For cure of syphilis.....	\$25a50 00
For prescription in do.....	10 00
For extra cases of gonorrhœa and syphilis, charge according to circumstances.	
For examination of suspected cases	5 00
For visit and consultation in the city (day).....	10 00
“ “ “ “ “ (night).....	12 00
For each succeeding visit (night double).....	3 00
For visit and consultation in the country [and charge mileage].....	10 00
For visit and accouchement in the city [day].....	20 00
do do do do [night].	25 00
do do do in the country [charge mileage].....	20 00
do do preternatural, difficult or lingering, ch'g according to circumstances.	
For amputation of the thigh, leg or arm.....	50 00
do do in the country [charge mileage].....	50 00
For each subsequent dressing [and charge visit].....	2a5 00
For reducing fracture of thigh, leg or arm [if in the country ch'g mileage] \$20a50 00	
For each subsequent dressing [and charge visit].....	2a5 00
For reducing compound fractures [in the country charge mileage].	25 00
For reducing dislocation of hip joint [in the country charge mileage].....	50 00
For reducing dislocations of the shoulder, elbow, wrist or ankle [in the country charge mileage].....	10 00
For each subsequent dressing [and charge visit].....	2a5 00
For trephining [in the country charge mileage].....	50 00
For hydrocele do do do \$10a20 00	
For paracentesis abdominis [in the country charge mileage].....	25 00
For “ thoracis do do do 35 00	
For fistula in ano or perineo [in country charge mileage].....	\$30a100 00
For bronchotomy do do 25a50 00	
For aneurism do do 50a200 00	
For lithotomy or strangulated hernia [in the country charge mileage]..	\$200a300 00
For examining negroes for purchaser or vender.....	5a10 00
For examining with speculum per vaginam.....	10 00
For attendance in contagious diseases double the ordinary charge.	
For post-mortem examination by order of court or any constituted authority [and mileage].....	25a50 00

All surgical operations and medical services, not specified in the above, to be in the same ratio, according to their importance and other circumstances.

Two or more physicians attending together, at the request of the patient, shall have the privilege of doubling their charges.

The attending physician shall have the privilege of charging a consultation fee when the consultation is requested by the patient, his or her friends.

No physician shall contract to attend any individual, institution or family by the year, nor take charge of any particular case for any specified sum, except such as are enumerated in the above fee bill.

Night visits to be calculated after 9 o'clock in the spring and summer months, and 7 o'clock in the fall and winter months.



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